

U.S. Department of Transportation  
Federal Aviation Administration

# APPLICATION AND STATEMENT OF QUALIFICATION (DME-DPRE-DAR-ODAR)

## Supplemental Information and Instructions

### Privacy Act Statement

- The information on the accompanying form is solicited under authority of the Federal Aviation Act.
- Submission of all the data is mandatory except for the Social Security Number (SSN) which is voluntary.
- The purpose of this information is to determine your eligibility for designation as a designated mechanic examiner (DME), designated parachute rigger examiner (DPRE), designated airworthiness representative (DAR), or organizational designated airworthiness representative (ODAR).
- The data will be used to evaluate your qualifications and eligibility for designation as a DME, a DPRE, a DAR, or an ODAR.
- Your application cannot be processed unless the data is complete.
- Disclosure of your SSN is optional. Disclosure will facilitate maintenance of your records which are maintained in alphabetical order and cross referenced with your SSN and airman number to provide prompt access. In event of nondisclosure, a unique number will be assigned to your file.

### Agency Display of Estimated Burden

Public reporting burden of this collection of information is estimated to average 55 minutes per response depending on the complexity. You may send comments concerning the accuracy of this burden statement or any suggestions for reducing the burden to the Office of Management and Budget. You may also send comments to the Federal Aviation Administration, General Aviation and Commercial Division, AFS-800; 800 Independence Avenue S.W.; Washington, DC 20591; Attn: OMB Control No. 2120-0033.

*(DETACH ALL SUPPLEMENTAL INFORMATION AND INSTRUCTION SHEETS BEFORE SUBMITTING FORM)*

## DESIGNEE/EXAMINER CANDIDATE APPLICATION PROCEDURES

### HOW TO APPLY

#### For Initial Designations:

1. Complete, sign, and date this form. Answer all applicable questions fully. Use additional sheets of blank paper if you need more space to complete the answers to a question. Be sure to indicate the number of the question you are answering at the top of the blank sheet.
2. Use a separate sheet for each question requiring additional space. Attach all additional blank sheets to this form.
3. Question 7. See definitions and qualification criteria at the end of these instructions.
4. Applicants for DAR/ODAR designations must attach a letter of recommendation in accordance with FAA Order 8130.XX, Airworthiness Designee Management Program.

### WHERE TO SEND APPLICATIONS FOR INITIAL DESIGNATION (DME, DPRE, and Maintenance DAR/ODAR Applicants ONLY.)

1. Your completed application form with all attached sheets should be sent to:  
Federal Aviation Administration  
Designee Standardization Branch, AFS-640  
ATTN: National Examiner Board  
P.O. Box 25082  
Oklahoma City, OK 73125-0082

2. **Keep a copy of the application for your personal records.**

### WHAT HAPPENS TO YOUR APPLICATION

Your application will be evaluated by the National Examiner Board (NEB) to ensure you meet the selection criteria for the designation sought. The NEB will advise you by letter whether or not you meet the applicable criteria. If you meet the criteria, the letter from the NEB will state that your application has been accepted and instruct you to complete the examiner predesignation knowledge test. If you do not meet the selection criteria, the NEB will advise you how the deficiency may be corrected. **Do not take the predesignation knowledge test until receiving a letter of acceptance from the NEB.**

Upon receiving notification that your application has been accepted, take the appropriate predesignation knowledge test at any FAA computerized testing center. Request the Aviation Mechanic Examiner Test or the Parachute Rigger Examiner Test. Applicants for designation as DAR's/ODAR's are not required to take a Predesignation Test. You must forward test results to the NEB within 10 days of the date you complete the test. **Keep a copy of the test report for your personal records.**

Upon receiving the applicant's test report and reviewing the application materials, the NEB will notify the applicant of approval/nonapproval for assignment to the national examiner candidate pool. In accordance with candidates' indicated geographic availability, qualifications, and ranking within the pool, the NEB forwards candidate applications to each FSDO requesting a new designee.

Your application will be kept on file in the NEB candidate pool for a period of 2 years or until you are selected for designation, whichever comes first.

After 2 years, applications of all candidates not selected for designation will be deleted from the NEB pool. An applicant must repeat the application process in order to apply for reassignment to the candidate pool.

### DESIGNEES/EXAMINERS APPLYING FOR RENEWAL, ADDITIONAL AUTHORIZATIONS, AND/OR REINSTATEMENTS.

Examiners applying for renewal, additional authorizations, or reinstatement should complete blocks 1, 2, 4, 5, 6, 7, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, and 22, and return it directly to the designating FSDO. Renewal applications shall be submitted to the designating FSDO 45 days before the examiner's current designation expires.

**DESIGNEE/EXAMINER CANDIDATE APPLICATION PROCEDURES (Continued)****TYPES OF DESIGNATIONS AND QUALIFICATION CRITERIA**Definition**DME - Designated Mechanic Examiner****General Qualifications**

The applicant must:

1. Have held a valid aviation mechanic certificate for 5 years with the rating(s) for which designation is to be issued.
2. Have been actively exercising the privileges of a valid mechanic certificate for 3 years immediately prior to designation.
3. Be at least 23 years of age.
4. Show evidence of a high level of aeronautical knowledge in the subject areas required for aviation mechanic certification in both reciprocating and turbine-engine aircraft.
5. Have a good record as a mechanic, as a person engaged in the industry and community with a reputation for honesty and dependability.
6. Have a fixed-base of operation adequately equipped to exercise the authority of designation.

Definition**DPRE - Designated Parachute Rigger Examiner****General Qualifications**

The applicant must:

1. Have held a valid master parachute rigger certificate for 2 years.
2. Have been actively exercising the privileges of a valid master parachute rigger certificate for 2 years immediately prior to designation.
3. Be at least 23 years of age.
4. Show evidence of a high level of knowledge in the subject areas required for the parachute rigger certification.
5. Have a good record as a parachute rigger, as a person engaged in the industry and community with a reputation for honesty and dependability.
6. Have a fixed base of operation adequately equipped to exercise the authority of the designation.

Definition**DAR - Designated Airworthiness Representative****ODAR - Organizational Designated Airworthiness Representative**

**General Qualifications.**— To qualify for an appointment as a DAR, all applicants (including those persons in an ODAR who will perform the authorized function(s)) must meet the general qualifications listed below in addition to having the experience specified in FAA Order 8130.XX, paragraphs 102 and 103, as appropriate for the particular function for which authorization is being sought:

The applicant must:

1. Be current and possess a thorough working knowledge of chapters 1 and 3 of 14 CFR and related material;
2. Possess current technical knowledge and experience commensurate with that required for the particular function (e.g., Boeing Airplane: Models 707-100, 747SP, etc.); Bell Helicopter Models: 47B, 47H, etc.; and/or related parts/components and/or appliances, etc.);
3. Have unquestionable integrity, a cooperative attitude, and the ability to exercise sound judgment
4. Have the ability to maintain the highest degree of objectivity while performing authorized functions on behalf of the FAA, consistent with FAA regulations, statutes, and safety goals, notwithstanding any influence to the contrary;
5. Have at least 2 years satisfactory experience working directly in connection with the type work to be covered in the authorized function(s); and
6. Have a good command of the English language, both oral and written.

**Instructions for Completing FAA Form 8110-28, Designated Mechanic Examiner (DME), Designated Parachute Rigger Examiner (DPRE), Designated Airworthiness Representative (DAR), and Operational Designated Airworthiness Representative (ODAR) Application and Statement of Qualifications**

1. All entries on FAA Form 8110-28 must be made in permanent ink or typewritten.
2. Read the "PRIVACY ACT" statement attached to FAA Form 8110-28. Remove the "PRIVACY ACT" statement portion before submitting FAA Form 8110-28.
3. Complete blocks 1 through 22 as follows:
  - a. Block 1. **NAME (Last, First, Middle).**
    - (1) Enter your legal name. For record purposes, no more than one middle name may be entered.
    - (2) If you have no middle name, enter "NMN" (no middle name) or "NMI" (no middle initial).
    - (3) If you have initial(s) only, enter the initials and then enter "INITIALS ONLY."
    - (4) If you are a junior, III, IV, etc., so indicate.
  - b. Block 2. **PERMANENT MAILING ADDRESS**—Enter all required information, to include Number and Street, P.O. Box, City, State, and Zip Code.

**DESIGNEE/EXAMINER CANDIDATE APPLICATION PROCEDURES (Continued)**

**Note:** If a P.O. Box or Rural Route is used, you must furnish (on a separate sheet of paper) the directions required to find your residence. This becomes part of the application and must be signed by you, the applicant. The following shows an example of one applicant's additional statement.

Example: "I live 2 miles north of state highway 37 on Peachtree Lane in a two-story house with large barn in the back. (You must sign this statement.)"

- c. **Block 3. U.S. CITIZEN-**You must check Yes or No.
- d. **Block 3A. COUNTRY IN WHICH YOU HOLD CITIZENSHIP-**Enter name of country. If dual citizenship is held, indicate the names of both countries.
- e. **Block 4. SOCIAL SECURITY NUMBER.**
  - (1) Completing Block 4 is optional (See "PRIVACY ACT" STATEMENT.).
  - (2) Enter your SSN or either "DO NOT USE" or "NONE."
- f. **Block 5. DATE OF BIRTH-**Use six-digit, numeric characters, i.e., 08-09-60; not August 9, 1960.
- g. **Block 6. TELEPHONE NUMBER-**Provide a home telephone number and a business telephone number including area code and extension, if applicable.
- h. **Block 7. DESIGNATION SOUGHT.**
  - (1) DME applicants will check the "Designated Mechanic Examiner" box and will check the "Airframe" rating box for the Airframe rating, the "Powerplant" rating box for the Powerplant rating, or both the "Airframe" and "Powerplant" rating boxes for the Airframe and Powerplant (A&P) rating.
  - (2) DPRE applicants will check the "Designated Parachute Rigger Examiner" box and will check "Seat" rating box for the Seat type rating, the "Back" rating box for the Back type rating, the "Chest" rating box for the Chest type rating, and the "Other" box for other type ratings. If Other is checked it must be explained. DPRE's are required to hold at least two parachute rigger type ratings, i.e.; Seat and Back, Seat and Chest, Back and Chest, etc., and hold a Master Parachute Rigger Rating.
  - (3) DAR/ODAR applicants will check the Designated Airworthiness Representative and the maintenance function(s) boxes, and identify specific function(s) currently authorized to perform in accordance with procedures set forth in AC 183-33, Designated Airworthiness Representatives, and/or FAA Order 8130.XX, for which an appointment is sought.
- i. **Block 7A. FSDO OF JURISDICTION-**From the list on page iii of this application, enter the FSDO that has jurisdiction in the area or location where you are presently located.
- j. **Block 8. EDUCATION AND TRAINING-**Enter all formal education.
  - (1) Dates: Enter the beginning and ending dates of the training [including general education (i.e. high school, GED, etc.)) that you attended. Use six-digit, numeric characters (i.e., 08-09-60). Do not use August 9, 1960.
  - (2) Name of School: Enter the name of the school where training was received.
  - (3) Curriculum: Enter the school's curriculum; i.e.; Airframe, Powerplant, or Airframe and Powerplant (A&P).
  - (4) Degree or Certificate: Enter the degree or type of certificate received.
- k. **Block 9. FAA CERTIFICATES NOW HELD PERTINENT TO DESIGNATION SOUGHT.**
  - (1) Enter type certificate(s) held-Mechanic or Parachute Rigger.
  - (2) Enter the certificate number for each type certificate.
  - (3) Enter the rating(s) you hold; i.e.; Airframe, Powerplant, Airframe and Powerplant (A&P), Master Rigger.
  - (4) Enter the original date the certificate(s) and rating(s) were issued. (If the certificate was lost and a new one was issued, it will not have the original date of issue).
- l. **Block 10. WORK EXPERIENCE.**
  - (1) Complete the name, address, and telephone number of the employer/organization.
  - (2) Job Title-Enter job title.
  - (3) Dates Employed-Enter dates of employment. Use six-digit, numeric characters (i.e., 08-09-60); not August 9, 1960.
  - (4) Supervisor's Name-Enter the supervisor's name(s).
  - (5) Reason for leaving-Enter reason for leaving this position.
  - (6) Description of Duties-Give a complete description of the duties performed during this period of employment.
- m. **Block 11. LOCATION WHERE DESIGNEE FUNCTIONS WILL BE PERFORMED.**
  - (1) Enter the address (including city, state, and Zip Code) where designee functions will be performed.
  - (2) Enter the telephone number of this location.
- n. **Block 11A. LOCAL FLIGHT STANDARDS DISTRICT OFFICE (FSDO) THAT SERVICES THIS AREA-**From the list on page iii, enter the FSDO that has jurisdiction in the area or location where you will perform the designee duties.
- o. **Questions 12 through 19.**
  - (1) All questions must be answered "YES" or "NO." Do not leave any question blank. All "YES" answers must be explained on an attached sheet of paper.
  - (2) Give complete details to any questions answered "YES" in Blocks 12 through 19. Additional sheets of paper may be attached, if necessary.

**DESIGNEE/EXAMINER CANDIDATE APPLICATION PROCEDURES (Continued)**

- p. Block 21. **AWARDS PROGRAM**-This block is optional. You may elect to complete this block by filling in the required items.
- q. Block 22. **APPLICANT'S SIGNATURE**-Sign and date the application after reading the statements in this block.  
**TYPE OR PRINT YOUR NAME BELOW YOUR SIGNATURE**

**LIST OF FLIGHT STANDARDS DISTRICT OFFICES****ALASKAN REGION (AAL)**

ANC FSDO-03 ANCHORAGE, AK  
 FAI FSDO-01 FAIRBANKS, AK  
 JNU FSDO-05 JUNEAU, AK

**CENTRAL REGION (ACE)**

DSM FSDO-01 DES MOINES, IA  
 ICT FSDO-07 WICHITA, KS  
 LNK FSDO-09 LINCOLN, NE  
 MCI FSDO-05 KANSAS CITY, MO  
 STL FSDO-03 ST. ANN, MO /ST. LOUIS

**EASTERN REGION (AEA)**

ABE FSDO-05 ALLENTOWN, PA  
 FRG FSDO-11 FARMINGDALE, NY  
 AGC FSDO-03 W. MIFFLIN, PA /PITTSBURGH  
 ALB FSDO-01 ALBANY, NY  
 BAL FSDO-07 BALTIMORE, MD  
 CRW FSDO-09 CHARLESTON, WV  
 DCA FSDO-27 CHANTILLY, VA  
 /WASH. DC  
 HAR FSDO-13 NEW CUMBERLAND, PA  
 /HARRISBURG  
 PHL FSDO-17 PHILADELPHIA, PA  
 NYC FSDO-15 VALLEY STREAM, NY/JAMAICA  
 PIT FSDO-19 CORAOPOLIS, PA  
 /PITTSBURGH  
 RIC FSDO-21 SANDSTON, VA  
 /RICHMOND  
 ROC FSDO-23 ROCHESTER, NY  
 TEB FSDO-25 TETERBORO, NJ

**GREAT LAKES REGION (AGL)**

CLE FSDO-25 CLEVELAND, OH  
 CMH FSDO-07 COLUMBUS, OH  
 CVG FSDO-05 CINCINNATI, OH  
 DPA FSDO-03 WEST CHICAGO, IL  
 DTW FSDO-23 BELLEVILLE, MI  
 FAR FSDO-21 FARGO, ND  
 GRR FSDO-09 GRAND RAPIDS, MI

IND FSDO-11 INDIANAPOLIS, IN  
 MKE FSDO-13 MILWAUKEE, WI  
 MSP FSDO-15 MINNEAPOLIS, MN  
 ORD FSDO-31 SCHILLER PARK, IL  
 RAP FSDO-27 RAPID CITY, SD  
 SBN FSDO-17 SOUTH BEND, IN  
 SPI FSDO-19 SPRINGFIELD, IL

**NEW ENGLAND REGION (ANE)**

BED FSDO-01 BEDFORD, MA  
 BDL FSDO-03 WINDSOR LOCKS, CT  
 BOS FSDO-02 BOSTON, MA  
 PWM FSDO-05 PORTLAND, ME

**NORTHWEST MOUNTAIN REGION (ANM)**

BIL FSDO-06 BILLINGS, MT  
 BOI FSDO-08 BOISE, ID  
 CPR FSDO-04 CASPER, WY  
 DEN FSDO-03 DENVER, CO  
 GEG FSDO-02 SPOKANE, WA  
 HLN FSDO-05 HELENA, MT  
 PDX FSDO-09 HILLSBORO, /PORTLAND  
 SEA FSDO-01 SEATTLE, WA  
 SLC FSDO-07 SALT LAKE CITY, UT

**SOUTHERN REGION (ASO)**

ATL FSDO-11 COLLEGE PARK, GA  
 /ATLANTA  
 BHM FSDO-09 BIRMINGHAM, AL  
 BNA FSDO-03 NASHVILLE, TN  
 CAE FSDO-13 WEST COLUMBIA, SC  
 CLT FSDO-08 CHARLOTTE, NC  
 FII FSDO-17 FT. LAUDERDALE, FL  
 INT FSDO-05 WINSTON-SALEM, NC  
 JAN FSDO-07 JACKSON, MS  
 JAX FSDO-16 JACKSONVILLE, FL  
 LOU FSDO-01 LOUISVILLE, KY  
 MEM FSDO-04 MEMPHIS, TN  
 MIA FSDO-19 MIAMI, FL

ORL FSDO-15 ORLANDO, FL  
 PIE FSDO-14 ST. PETERSBURG, FL  
 RDU FSDO-06 MORRISVILLE, NC /RALEIGH  
 SJU FSDO-21 SAN JUAN, PR

**SOUTHWEST REGION (ASW)**

ABQ FSDO-01 ALBUQUERQUE, NM  
 BTR FSDO-03 BATON ROUGE, LA  
 DAL FSDO-05 DALLAS, TX  
 DFW FSDO-07 DALLAS, TX /T. WORTH  
 FTW FSDO-19 FT. WORTH, TX  
 HOU FSDO-09 HOUSTON, TX  
 LBB FSDO-13 LUBBOCK, TX  
 LIT FSDO-11 LITTLE ROCK, AR  
 OKC FSDO-15 OKLA. CITY, OK  
 SAT FSDO-17 SAN ANTONIO, TX

**WESTERN PACIFIC REGION (AWP)**

FAT FSDO-17 FRESNO, CA  
 HNL FSDO-13 HONOLULU, HI  
 LAS FSDO-19 LAS VEGAS, NV  
 LAX FSDO-23 LOS ANGELES, CA  
 LGB FSDO-05 LONG BEACH, CA  
 OAK FSDO-27 OAKLAND, CA  
 PHX CMO -28 PHOENIX, AZ  
 RAL FSDO-21 RIVERSIDE, CA  
 RNO FSDO-11 RENO, NV  
 SAC FSDO-25 SACRAMENTO, CA  
 SAN FSDO-09 SAN DIEGO, CA  
 SDL FSDO-07 SCOTTSDALE, AZ  
 SJC FSDO-15 SAN JOSE, CA  
 VNY FSDO-01 VAN NUYS, CA

**INTERNATIONAL FIELD OFFICE LIST**

FRA-IFO FRANKFURT  
 SIN-IFO SINGAPORE  
 BRX-IFO BRUSSELS  
 LGW-IFO LONDON

U. S. Department of Transportation  
Federal Aviation Administration

Application and Statement of Qualification  
(DME - DPRE - DAR - ODAR)

1. Name (Last, First, Middle)		3. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
2. Address (Apt. No., Number, Street)		3a. If not a U.S. citizen, name the country.																							
City _____ State _____ Zip _____																									
6. Phone Number Home ( ) _____ Work ( ) _____		4. Social Security Number       -       -																							
7. Designation Sought (Check box below): <input type="checkbox"/> Designated Mechanic Examiner <input type="checkbox"/> Airframe Rating <input type="checkbox"/> Powerplant Rating <input type="checkbox"/> Designated Parachute Rigger Examiner <input type="checkbox"/> Seat <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Other <input type="checkbox"/> Designated Airworthiness Representative <input type="checkbox"/> Maintenance Functions(s)		5. Date of Birth Month/Day/Year																							
		7a. Your FSDO of jurisdiction?																							
DAR applicants shall identify specific function(s), currently authorized in AC 183-33/FAA Order 8130.xx, for which appointment is sought:																									
8. Education and Training, (High School or GED give date completed: _____)																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Dates</th> <th rowspan="2">Name of School</th> <th rowspan="2">Curriculum or Study Program</th> <th rowspan="2">Degree or Certificate Received</th> </tr> <tr> <th>From Mo-Day-Yr</th> <th>To Mo-Day-Yr</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>		Dates		Name of School	Curriculum or Study Program	Degree or Certificate Received	From Mo-Day-Yr	To Mo-Day-Yr																9. FAA Certificates Held Pertinent to Designation Sought	
Dates		Name of School	Curriculum or Study Program				Degree or Certificate Received																		
From Mo-Day-Yr	To Mo-Day-Yr																								
Type		Certificate Number	Rating	Original Date of Issue																					
10. Work Experience:  Describe all work experience that pertains to your qualifications for the designation sought. Describe your current or most recent work experience in Block A and work backwards, describing each applicable position you have held during at least the past 5 years. You may describe work experience accrued more than 5 years ago if you wish to do so. Use a separate block for each position described. Include military service if your military experience is pertinent to your application for an examiner designation.																									
A. Name of Employer/Organization: _____ Telephone Number ( ) _____																									
Address _____																									
City _____ State _____ ZIP _____																									
Job Title: _____		Dates Employed: _____ Supervisor's Name: _____																							
Reason for Leaving: _____																									
Description of Duties: (use blank sheet of paper if more space is needed)																									
B. Name of Employer/Organization: _____ Telephone Number ( ) _____																									
Address _____																									
City _____ State _____ ZIP _____																									
Job Title: _____		Dates Employed: _____ Supervisor's Name: _____																							
Reason for Leaving: _____																									
Description of Duties: (if more space is needed, use blank sheet of paper)																									
C. Name of Employer/Organization: _____ Telephone Number ( ) _____																									
Address _____																									
City _____ State _____ ZIP _____																									

Job Title:		Date Employed:		Supervisor's Name:	
Reason for Leaving:					
Description of Duties:					
D. Name of Employer/Organization:				Telephone Number (    )	
Address					
City		State		ZIP	
Job Title:		Dates Employed:		Supervisor's Name:	
Reason for Leaving:					
Description of Duties:					
E. Name of Employer/Organization:				Telephone Number (    )	
Address					
City		State		ZIP	
Job Title:		Dates Employed:		Supervisor's Name:	
Reason for Leaving:					
Description of Duties:					
F. Name of Employer/Organization:				Telephone Number (    )	
Address					
City		State		ZIP	
Job Title:		Dates Employed:		Supervisor's Name:	
Reason for Leaving:					
Description of Duties:					
11. Location Where Designee Functions Will Be Performed:					
Address				Telephone Number (    )	
Street, City, State, ZIP Code					
11A. Local Flight Standards District Office (FSDO) that services this area?:					
12. During the last 5 years were you fired from any job? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Have you ever been convicted of any felony violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		14. Are you now under charges for any violation of law? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Have you ever been imprisoned, been on probation, or been on parole? <input type="checkbox"/> Yes <input type="checkbox"/> No		16. Have you ever been convicted by a military court-martial? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. Have you ever been discharged from the military service under a General Discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Have you ever been discharged from a military service under other than Honorable Conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No		19. Have you ever been convicted of, or are you now under charges for violation of Federal or State statutes relating to narcotic drugs, marijuana, depressants, or stimulant drugs or substances? <input type="checkbox"/> Yes <input type="checkbox"/> No			
20. Give full details regarding each question in lines 12 through 19 to which you have answered "Yes."					

If more space is needed, use blank sheet of paper.

21. Have you ever participated in the Maintenance Technician Award Program? ☐ Yes ☐ No

If yes, list the latest year you participated: \_\_\_\_\_

Check which Phase: ☐ Phase I -- Bronze  
☐ Phase IV -- Ruby

☐ Phase II -- Silver  
☐ Phase V -- Diamond

☐ Phase III -- Gold

Remarks

### SIGNATURE, RELEASE OF INFORMATION, AND CERTIFICATION -- Read Carefully

**YOU MUST SIGN AND DATE THIS APPLICATION --** (You must print or type your name under signature block)

- I understand that a false statement on any part of this application will be grounds for not approving this application, for rescinding my eligibility as an examiner candidate, for not designating me, or for terminating any designation I may receive.
- I understand that any information I give may be investigated.
- I consent to the release of information regarding my personal and technical qualifications for designation as a mechanic examiner/parachute rigger examiner or designated airworthiness representative by employers, schools, law enforcement agencies, and other individuals and organizations, to investigators, employees of the federal government, and persons not employed by the federal government to whom the Federal Aviation Administration (FAA) has delegated the authority to screen and approve or disapprove aviation mechanic examiner/parachute rigger examiner or designated Airworthiness Representative applications.
- I understand that, if my application is accepted, approval for assignment to the national examiner/designee candidate pool is dependent on satisfactory completion of the predesignation knowledge test with a score of 80 percent or higher.
- I understand that assignment to the national examiner/designee candidate pool does not guarantee selection or designation as a mechanic examiner/parachute rigger examiner or designated Airworthiness Representative and that, if selected, designation is dependent on satisfactory completion of a practical test (demonstration of competency) and satisfactory completion of the Initial Technical Airman Examiner Standardization Seminar for DME/DPRE candidates.
- I understand that my FAA accident/incident/violation history will be verified at each stage of the application process.
- I understand that designation as a mechanic examiner/parachute rigger examiner or designated Airworthiness Representative is a privilege, not a right, and that any designation received may be terminated, revoked, or not renewed at any time or for any reason the FAA Administrator deems appropriate.
- I certify that, to the best of my knowledge and belief, all of my statements on this application are true, correct, complete, and in good faith.

22. Signature of Applicant (Sign application in dark ink. Type/Print Name Below Signature.)

Date signed (Month, Day, Year)

## FOR NATIONAL EXAMINER BOARD USE ONLY

(For Original Issuance Only)

☐ Accepted for Predesignation Testing ☐ Not Qualified Date: \_\_\_\_\_

Predesignation Test Score: \_\_\_\_\_

Date of Test: \_\_\_\_\_

☐ Approved for Pool ☐ Disapproved

Date: \_\_\_\_\_

Signature of Selection Official: \_\_\_\_\_ Title: \_\_\_\_\_

## XX. DAR RECORD OF APPROVAL

☐ Designated Airworthiness Representative (DAR) ☐ Maintenance Functions(s)

NOTE:

A separate approval is required for each discipline.

Function(s), Authorized (Identify specific functions authorized including any limitations).

Remove from Candidate Pool if not selected by: \_\_\_\_\_ Date: \_\_\_\_\_

For FAA Use Only (For Renewals, additional Designations, and/or Reinstatements)

National Examiner Board (NEB) Action: ☐ APPROVE ☐ DISAPPROVE

Remarks: \_\_\_\_\_

NEB Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred to: \_\_\_\_\_ FSDO. Date: \_\_\_\_\_

☐ Selected ☐ Declined Date: \_\_\_\_\_Supervising Flight Standards District Office Action: ☐ APPROVE ☐ DISAPPROVE

Remarks: \_\_\_\_\_

Principal Maintenance Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervising Flight Standards District Office Management Action: ☐ APPROVE ☐ DISAPPROVE

Remarks: \_\_\_\_\_

Manager, Flight Standards District Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Test Activity: (Renewals/Additional Designations Only)

Action: ☐ Renewal ☐ Reinstatement ☐ Additional Authorization Date of Last Report: \_\_\_\_\_

The examiner continues to meet the criteria for the original designation

☐ YES ☐ NO

The examiner meets the criteria for the additional authorization sought

☐ YES ☐ NO ☐ NOT APPLICABLEThere is a need for the examiner's services ☐ YES ☐ NOInspector's Recommendation: ☐ APPROVE ☐ DISAPPROVE

Reason for Disapproval (Attach additional sheets, if required)